2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# F98000005034

Entity Name: SHAMROCK ATM INC.

Current Principal Place of Business:

200 VESEY STREET
NEW YORK, NY 102853002

New Principal Place of Business:

Current Mailing Address:

200 VESEY STREET
NEW YORK, NY 102853002

New Mailing Address:

FEI Number: 75-2776920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HOUSE, DAVID C	
Address:	200 VESEY STREET	
City-St-Zip:	NEW YORK, NY 10285	
Title:	V	( ) Delete
Name:	SQUERI, STEPHEN J	
Address:	200 VESEY STREET	
City-St-Zip:	NEW YORK, NY 10285	
Title:	CFOT	( ) Delete
Name:	WESTLAKE, LISA S	
Address:	200 VESEY STREET	
City-St-Zip:	NEW YORK, NY 10285	
Title:	SD	( ) Delete
Name:	NORMAN, STEPHEN P	
Address:	200 VESEY STREET	
City-St-Zip:	NEW YORK, NY 10285	
Title:	D	(X) Delete
Name:	HOUSE, DAVID C	
Address:	200 VESEY ST.	
City-St-Zip:	NEW YORK, NY 10285	
Title:	D	(X) Delete
Name:	WESTLAKE, LISA SIMONE	
Address:	200 VESEY ST.	
City-St-Zip:	NEW YORK, NY 10285	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VTD	(X) Change ( ) Addition
Name:	DIVILEK, JAROMIR G	
Address:	200 VESEY STREET	
City-St-Zip:	NEW YORK, NY 10285	
Title:	V	(X) Change ( ) Addition
Name:	WILSON, TIMOTHY F	
Address:	200 VESEY STREET	
City-St-Zip:	NEW YORK, NY 10285	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN P. NORMAN S 04/30/2003

Electronic Signature of Signing Officer or Director — Date